

# ATTACHMENTS

- Attachment A - Income Eligibility Guidelines
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- Attachment E - Civil Rights-Participant Count
- Attachment F - Health Inspection Letter  
A copy of the letter that you are planning to send must be included with all applications.
- Attachment G - Training Certification  
Return after site personnel have been trained. This must be completed and on file with Child and Adult Nutrition Services before any reimbursements can be paid.
- Attachment H - Application/Agreement Amendment  
If you need to change any information after the initial application has been approved please submit this form with the changes.
- Attachment I - Off-site Meal Request Form  
This form is to be submitted and approved by Child and Adult Nutrition Services before an off-site meal can be claimed for reimbursement.
- Attachment J - Tribal-State Addendum  
If the sponsoring agency is a tribal organization the signed form must be on file with Child and Adult Nutrition Services as part of the agreement.
- Attachment K - Calendar of Operations  
Use this form as a planning tool for the days you are serving meals and the holidays in the summer.

**ATTACHMENT A**  
**INCOME ELIGIBILITY GUIDELINES**  
(Effective from July 1, 2005 to June 30, 2006)

Below are the income scales to be used to determine applicant's eligibility for free or reduced price meals if the family is at or below the guideline.

	Annually	Annually	Monthly	Monthly	Every 2 weeks	Every 2 weeks	Twice a month	Twice a month	Weekly	Weekly
Household Size	Free	Reduced Price	Free	Reduced Price	Free	Reduced Price	Free	Reduced Price	Free	Reduced Price
1	12,441	17,705	1,037	1,476	479	681	519	738	240	341
2	16,679	23,736	1,390	1,978	642	913	695	989	321	457
3	20,917	29,767	1,744	2,481	805	1,145	872	1,241	403	573
4	25,155	35,798	2,097	2,984	968	1,377	1,049	1,492	484	689
5	29,393	41,829	2,450	3,486	1,131	1,609	1,225	1,743	566	805
6	33,631	47,860	2,803	3,989	1,294	1,841	1,402	1,995	647	921
7	37,869	53,891	3,156	4,491	1,457	2,073	1,578	2,246	729	1,037
8	42,107	59,922	3,509	4,994	1,620	2,305	1,755	2,497	810	1,153
For each additional family member, add	4,238	6,031	354	503	163	232	177	252	82	116

***NOTE TO LOCAL AGENCY OFFICIALS:***

When making a determination, the frequency of the current income should be compared to the respective scale above (weekly income should be compared to the weekly scale above). When income is from more than one frequency, each should be converted to monthly income and added together.

To convert weekly income to monthly income, multiply weekly income by 4.33.

To convert bi-weekly income to monthly income, multiply bi-weekly income by 2.15.

Instructions for farm/self-employed people are included in parent letter and the guidance for completing the application as well as memo.  
The agency should verify any questionable applications.

**ATTACHMENT B1**  
**(FOR SPONSORS CHARGING INELIGIBLE CHILDREN FOR MEALS)**  
**PROTOTYPE LETTER TO PARENTS**

Dear Parent/Guardian:

The (school/center) offers healthy meals every day that it's open. Breakfast costs \$\_\_\_\_; lunch costs \$\_\_\_\_ and snacks for after school programs cost \$\_\_\_\_. Children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast, \$.40 for lunch, and \$.15 for snack.

**To apply for free or reduced price meals**, use the Free and Reduced Price School Meals Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed**

**application to: name** \_\_\_\_\_, **address** \_\_\_\_\_  
\_\_\_\_\_, **phone number** \_\_\_\_\_

*Here are answers to questions you may have about applying:*

**1. Who can get free or reduced price meals?** Children in households getting Food Stamps, TANF, or benefits from the Food Distribution Program on Indian Reservations (FDPIR) and most foster children can get free meals regardless of your income. Also, if your household income is within the limits on the Income Guidelines chart, children can get free or reduced price meals. If you received a letter from Social Services or an Interagency Notification from the commodity warehouse, turn that into the school/center instead of filling out an application. If you didn't receive an FDPIR Notification, you can ask for one from the certifier.

**2. Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information.

**3. Can homeless, runaway and migrant children get free meals?** Please call the school, homeless liaison or migrant coordinator to see if your child(ren) qualify, if you have not been informed that they will get free meals.

**4. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

**5. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

**6. Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.

**7. If I don't qualify now, may I apply again later?** Yes. You may apply at any time during the year if your household size goes up, income goes down, or if you start getting Food Stamps, FDPIR, or TANF. If you lose your job, children may be able to get free or reduced price meals during the time you are unemployed.

**8. What if I do not agree with the school/center's decision about my application?** You should talk to school/center officials by calling \_\_\_\_\_. You may also ask for a hearing by calling or writing to: **name** \_\_\_\_\_, **address** \_\_\_\_\_, **phone number** \_\_\_\_\_.

**9. Will you tell anyone else about the information on my form?** We will use the information on your form to decide if your children should get free or reduced price meals. We may inform officials associated with other child nutrition, health and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.

**10. How will I be notified?** You will be notified whether you are approved or denied when the approval process is complete.

**11. What if my child needs special foods?** The school/center will make substitutions to the regular meal pattern for children whose disability restricts their diet when a physician certifies that disability. The staff may choose to make substitutions for individual children who do not have a disability, but who cannot eat a food item due to medical or other special dietary needs that are supported by a certified medical authority. These cases will be handled on a case by case basis. Please call the school/center food service department for further information to request the special diet.

If you have other questions or need help, call **phone number** \_\_\_\_\_.

*Si necesita ayuda, por favor llame al teléfono:* **phone number** \_\_\_\_\_.

*Si vous voudriez d'aide, contactez nous au numéro:* **phone number** \_\_\_\_\_.

Sincerely,

[signature]

**ATTACHMENT B2**  
**(For Sponsors of Enrolled Sites with no charge for meals)**  
**PROTOTYPE LETTER TO PARENTS**

Dear Parent/Guardian:

The (school/center) offers healthy meals every day that it's open. The (school/center) can get money for meals served when they can document the size and income of households with enrolled children.

**To show eligibility for free or reduced price meals**, use the Free and Reduced Price School Meals Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: name \_\_\_\_\_, address \_\_\_\_\_,**

**phone number \_\_\_\_\_**

*Here are answers to questions you may have about applying:*

**1. Who can get free or reduced price meals?** Children in households getting Food Stamps, TANF, or benefits from the Food Distribution Program on Indian Reservations (FDPIR) and most foster children can get free meals regardless of your income. Also, if your household income is within the limits on the Income Guidelines chart, children can get free or reduced price meals. If you received a letter from Social Services or an Interagency Notification from the commodity warehouse, turn that into the school/center instead of filling out an application. If you didn't receive an FDPIR Notification, you can ask for one from the certifier.

**2. Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information.

**3. Can homeless, runaway and migrant children get free meals?** Please call the school, homeless liaison or migrant coordinator to see if your child(ren) qualify, if you have not been informed that they will get free meals.

**4. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

**5. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

**6. Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.

**7. If I don't qualify now, may I apply again later?** Yes. You may apply at any time during the year if your household size goes up, income goes down, or if you start getting Food Stamps, FDPIR, or TANF. If you lose your job, children may be able to get free or reduced price meals during the time you are unemployed.

**8. What if I do not agree with the school/center's decision about my application?** You should talk to school/center officials by calling \_\_\_\_\_. You may also ask for a hearing by calling or writing to: **name \_\_\_\_\_, address \_\_\_\_\_, phone number \_\_\_\_\_.**

**9. Will you tell anyone else about the information on my form?** We will use the information on your form to decide if your children should get free or reduced price meals. We may inform officials associated with other child nutrition, health and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.

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**11. What if my child needs special foods?** The school/center will make substitutions to the regular meal pattern for children whose disability restricts their diet when a physician certifies that disability. The staff may choose to make substitutions for individual children who do not have a disability, but who cannot eat a food item due to medical or other special dietary needs that are supported by a certified medical authority. These cases will be handled on a case by case basis. Please call the school/center food service department for further information to request the special diet.

If you have other questions or need help, call **phone number \_\_\_\_\_.**

*Si necesita ayuda, por favor llame al teléfono:* **phone number \_\_\_\_\_.**

*Si vous voudriez d'aide, contactez nous au numero:* **phone number \_\_\_\_\_.**

Sincerely,

[signature]

## ATTACHMENT B3

### INCOME GUIDELINES

(Effective July 1, 2005 through June 30, 2006)

Participants may qualify for free or reduced price meals if your household income is at or below the limits on this chart.

Household Size	Yearly	Monthly	Weekly
1	\$17,705	\$1,476	\$341
2	\$23,736	\$1,978	\$457
3	\$29,767	\$2,481	\$573
4	\$35,798	\$2,984	\$689
5	\$41,829	\$3,486	\$805
6	\$47,860	\$3,989	\$921
7	\$53,891	\$4,491	\$1,037
8	\$59,922	\$4,994	\$1,153
For each additional family member, add	6,031	\$503	\$116

Look at the Income Guidelines chart. Find your household size. HOUSEHOLD is: All persons, including parents, children, college students, grandparents, and all people related or unrelated who live in your home and share living expenses. Find your total household income. TOTAL HOUSEHOLD INCOME is: The income each household member got last month before taxes. This includes wages, social security, pension, unemployment, welfare child support, alimony, and any other cash income. In certain cases, foster children are eligible for free and reduced price meals regardless of your income. If you have foster children living with you, look at Part 2 on the application. If you have more questions about applying for them, please contact us.

#### DETERMINING INCOME

To figure monthly income: Weekly x 4.33; Every 2 weeks x 2.15; Twice a month x 2; yearly ÷ 12

To figure monthly income for farm/self-employed: The information to figure income from private business operation is to be taken from your U.S. Individual Income Tax Return – Form 1040. Write the numbers from the corresponding tax form lines in the spaces below. Divide the total by 12 and write it on the application in the earnings column as monthly, or list the whole amount as yearly. If it is a negative number, write it as zero on the application. All other income on lines 7 through 22 of the tax form must be listed separately for the person who earned it. Net loss carryover cannot be used to decrease the family income.

<u>Proprietorship Income</u>	<u>Farm Income</u>	<u>Partnership Income</u>
Line 12 \$ _____	Line 13 \$ _____	Line 13 \$ _____
Line 13 \$ _____	Line 14 \$ _____	Line 14 \$ _____
Line 14 \$ _____	Line 17 \$ _____	Line 17 \$ _____
TOTAL \$ _____	Line 18 \$ _____	TOTAL \$ _____
	TOTAL \$ _____	

#### INCOME TO REPORT

##### Earnings from Work

Wages/salaries/tips  
Strike benefits  
Unemployment compensation  
Worker's compensation  
Net income from self-owned business, day care business or farm

##### Children's Income

Do not include income from a child's occasional work such as lawn mowing, babysitting, cleaning walks, etc. A child's income from regularly scheduled jobs must be included.

##### Pensions/Retirement/Social Security

Pensions  
Supplemental Security Income  
Veteran's payments  
Social Security

##### Welfare/Child Support/Alimony

Public assistance payments  
Alimony/child support payments

##### Other Monthly Income/Self-employment

Disability benefits  
Cash withdrawn from savings  
Interest/dividends  
Income from estates/trusts/investments  
Regular contributions from persons not living in the same household  
Net royalties/annuities/net rental income  
Military allowance for off-base housing  
Any other income

## ATTACHMENT B4 (For All Enrolled/Camp Sites)

### APPLICATION FOR FREE AND REDUCED PRICE MEALS

(For complete instructions, refer to next page.)

☐ New Applicant  
☐ Previous Applicant

To show eligibility, fill out this application and sign your name. Complete a separate application for each foster child.

#### Part 1 A.

Child's Name	School or Center	Grade	Age	Child's Name	School or Center	Grade	Age
1. _____	_____	_____	_____	4. _____	_____	_____	_____
2. _____	_____	_____	_____	5. _____	_____	_____	_____
3. _____	_____	_____	_____	6. _____	_____	_____	_____

**Part 1 B.** Households receiving Food Stamps (FS), temporary assistance for needy families (TANF), or Food Distribution Program on Indian Reservations (commodities) (FDPPIR): If your family is NOW receiving Food Stamps, TANF, FDPPIR for all of the above named children, list the CASE NUMBER. Fill out Sections 1, 2 and 4. If all of the above named children do not receive these benefits, you must also complete Sections 3 and 4. The application MUST have the signature of an adult.

Food Stamp Case Number: \_\_\_\_\_ TANF Case Number: \_\_\_\_\_ FDPPIR Case Number: \_\_\_\_\_

#### Part 2. Is this child a Foster Child?

If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Skip to Part 4.

**Part 2 A.** If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone # \_\_\_\_\_. Homeless ☐ Migrant ☐ Runaway ☐

#### Part 3. Total Household Income from Last Month – You must tell us how much and how often

A. Name (List everyone in household)	B. Last month's income and how often it was received <i>Example: \$100/month \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if No income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Farm/Other	
<i>(Example) Jane Smith</i>	\$200/monthly _____	\$150/monthly _____	\$100/monthly _____	_____	<input type="checkbox"/>
_____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>

#### Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, the children may lose meal benefits, and I may be prosecuted.*

Sign here: X \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ☐ I do not have a Social Security Number

Printed Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR SCHOOL/CENTER USE ONLY

Food Stamp / FDPPIR / TANF or other eligible program household categorically eligible free: ☐ Yes ☐ No

Total monthly income: \_\_\_\_\_ Eligibility Classification: ☐ Free ☐ Reduced Price ☐ Paid

Household Size: \_\_\_\_\_ Not Eligible: ☐ Over income ☐ Incomplete information

Temporary Eligibility: ☐ Free ☐ Reduced Price Until: \_\_\_\_\_

Date Notification Sent: \_\_\_\_\_ Change in Status Date: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_

## ATTACHMENT B5

### INSTRUCTIONS FOR APPLYING

Use a separate application for each foster child. List other children together.

**If your household gets FOOD STAMPS, FDPIR, OR TANF for all of the children listed, follow these instructions:**

- Part 1A:** List each child's name, school/center, age and/or grade.,  
**Part 1B:** List the Food Stamp, FDPIR, and/or TANF case number.  
**Part 2:** Skip this part.  
**Part 3:** Skip this part.  
**Part 4:** Sign the form. A Social Security Number is not necessary.

**If you are applying for a FOSTER CHILD, follow these instructions:**

- Part 1A:** List each child's name, school/center, age and/or grade.,  
**Part 1B:** Skip this part.  
**Part 2:** List the child's personal use monthly income, if any.  
**Part 3:** Skip this part.  
**Part 4:** Sign the form. A Social Security Number is not necessary.

**Part 2A. If you are applying for a homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, or migrant coordinator].**

**ALL OTHER HOUSEHOLDS and for children the household does not get benefits for, follow these instructions:**

- Part 1A:** List each child's name, school/center, age and/or grade,  
**Part 2:** Skip this part.  
**Part 3:** Follow these instructions to report total household income from last month.  
**Column A—Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children. College students away at school may still be part of the household in some circumstances. If the student is counted in the household that student's income must also be included. Attach another sheet of paper if you need to.  
**Column B—Last month's income and how often it was received:** List the types of income your household got last month and how often you got them. *Employment income:* List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, every other week, twice a month, or monthly). *Other Income:* List the total amount each person got last month from **all other sources**. Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. See sample below. For farm income, see the example on the back of the application. Next to the amount, write how often the person got it.  
**Column C—Check if no income:** If the person does not have any income, check the box.  
**Part 4:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

**Part 3. Total Household Income from Last Month—You must tell us how much and how often**

<b>1. Name</b> (List <b>everyone</b> in household)	<b>2. Last month's income and how often it was received</b> <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>	<b>3. Check if NO income</b>
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**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410*, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

**Privacy Act Statement:** This explains how we will use the information you give us.

The National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve children for free or reduced price meals. The Social Security Number of the adult household member who signs the application is required unless you list Food Stamp, FDPIR, or TANF case numbers for all children you are applying for. OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to see if children are eligible for free or reduced price meals, to run the program, and to enforce the rules of the program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into misuse of program rules.

**CONFIDENTIALITY:** Section 9 (b) (2) (C) (iii) of the National School Lunch Act, as amended by section 108 of Public Law 101-448, authorizes release of free and reduced price school meal eligibility status for certain programs, such as Title I, administered by the South Dakota Department of Education.

## ATTACHMENT C1

**PUBLIC RELEASE**  
**SUMMER FOOD SERVICE PROGRAM**  
**(For Sponsors of Enrolled/Camp Sites who charge ineligible children for meals)**

The (school/center) announces the sponsorship of the Summer Food Service Program this summer. (Meals and/or snacks) will be served to all enrolled children meeting eligibility criteria at no additional charge. Enrolled children from families not meeting eligibility guidelines will be charged (\$\_\_\_\_\_ for breakfast, \$\_\_\_\_\_ for lunch, \$\_\_\_\_\_ for supper, \$\_\_\_\_\_ for snack).

Site Name	Address	Person to Contact	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This (camp/site) is applying to receive USDA reimbursements for meals served to eligible children in an effort to keep fees at a minimum. Families with children participating in this program will be asked to complete Parent Income Statements to determine the number of meals eligible for US Department of Agriculture reimbursement. All information will remain confidential. The following income guidelines will be used to make that determination (children who are members of households receiving food stamps, TANF, or commodities on reservations are automatically eligible to receive free meal benefits):

**SFSP INCOME ELIGIBILITY GUIDELINES**  
(Effective Summer of 2006)

<u>HOUSEHOLD SIZE</u>	<u>YEARLY</u>
1*	\$ 17,705
2	23,736
3	29,767
4	35,798
5	41,829
6	47,860
7	53,891
8	59,922

Each additional family member add \$6,031.

\*A family of one is a child living alone or a foster child.

*In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.*

*To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.*

Sent to: \_\_\_\_\_

Date sent: \_\_\_\_\_

Keep a copy on file at the local agency.



**ATTACHMENT C2**  
**(Sponsors of Open Sites only)**

**PUBLIC RELEASE**  
**SUMMER FOOD SERVICE PROGRAM**

The (school/center) announces the sponsorship of the Summer Food Service Program. (Meals and/or snacks) will be served to all children at no charge.

Site Name	Address	Days of Week Meal Service Offered	Dates of Operation	Offered Meals	Times Served
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

For more information, contact \_\_\_\_\_ at \_\_\_\_\_.

If other than a "meals only" site, include a description of the activities offered.

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Sent to: \_\_\_\_\_

Date sent: \_\_\_\_\_

Keep a copy on file at the local agency.

## ATTACHMENT C3

**PUBLIC RELEASE  
SUMMER FOOD SERVICE PROGRAM  
(For Sponsors of Enrolled/Camp Sites with no separate charge for meals)**

The (school/center) announces the sponsorship of the Summer Food Service Program. (Meals and/or snacks) will be served to all enrolled children at no additional charge.

Site Name	Address	Person to Contact	Phone Number
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

This (camp/site) is applying to receive USDA reimbursements for meals served to eligible children in an effort to keep fees at a minimum. Families with children participating in this program will be asked to complete Parent Income Statements to determine the number of meals eligible for US Department of Agriculture reimbursement. All information will remain confidential. The following income guidelines will be used to make that determination (children who are members of households receiving food stamps, TANF, or commodities on reservations are automatically eligible to receive free meal benefits):

**SFSP INCOME ELIGIBILITY GUIDELINES  
(Effective Summer of 2006)**

<u>HOUSEHOLD SIZE</u>	<u>YEARLY</u>
1*	\$ 17,705
2	23,736
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7	53,891
8	59,922

Each additional family member add \$6,031.

\*A family of one is a child living alone or a foster child.

*In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.*

*To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.*

Sent to: \_\_\_\_\_

Date sent: \_\_\_\_\_

Keep a copy on file at the local agency.

## ATTACHMENT D

### NOTIFICATION LETTER FOR PRICING PROGRAMS

Dear \_\_\_\_\_ :

Your application for free and reduced price meals (or free milk) for your child(ren) has been :

- ☐ Approved for free meals
- ☐ Approved for reduced price meals at \_\_\_\_\_ cents for lunch,  
\_\_\_\_\_ cents for breakfast, and \_\_\_\_\_ cents for snack.
- ☐ Approved for free meals due to child being certified as migrant, homeless, or runaway
- ☐ Approved for free milk
- ☐ Denied for the following reason(s):
  - ☐ Income over the allowable amount
  - ☐ Incomplete application. The following  
information is missing: \_\_\_\_\_  
\_\_\_\_\_

If you do not agree with the decision, you may discuss it with the (school/center) determining official, \_\_\_\_\_, at phone number \_\_\_\_\_. You also have the right to a fair hearing. The hearing official is \_\_\_\_\_ . To request a hearing, call or write:

NAME & TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

**Income or family size sometimes changes during the year.** Effective July 1, 2004, the Child Nutrition and WIC Reauthorization Act of 2004 specifies households' eligibility for free and reduced price meals shall remain in effect beginning on the date of eligibility for the current school year and ending on a date that is no more than 30 days into the subsequent school year. This provision does not apply when the initial eligibility determination was incorrect or when the verification of household eligibility does not support the level of benefits for which the household was approved. In those instances, officials must make appropriate changes in eligibility. Additionally, this provision does not apply when a household is given temporary approval. It is no longer required that families report household income increases by more than \$50 per month (\$600 per year) or when your household size decreases. This also means if the child(ren) were approved for free meals based on eligibility for Food Stamps, TANF, or FDIPIR Commodities, the family does not have to report to the school food authority if those benefits are relinquished during the school year.

Sincerely,

\_\_\_\_\_  
(NAME OF DETERMINING OFFICIAL)

\_\_\_\_\_  
(TITLE)

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410*, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

**FOOD STAMPS:** The Food Stamp Program provides nutrition assistance to people with low income. It can help you buy nutritious foods for a better diet. To find out more and to obtain information on how to contact the Social Services office in your area, call 1-877-999-5612.

**CHIP:** The Children's Health Insurance Program (CHIP) in South Dakota helps eligible families get free insurance for children under age 19. If you get free or reduced price meals, or are just over the guidelines for reduced price meals, and want more information about CHIP you should call the Department of Social Services in your county or call 1-800-305-3064.

## CIVIL RIGHTS-PARTICIPANT COUNT

Instructions:

Session is defined as once during the program operation if it is continuous, or, for camps, once for each group of children.

These counts are to be maintained in your files with other pertinent Summer Food Service Program information for the current year plus three years.

[illegible]

Name of Sponsor \_\_\_\_\_ Site Name \_\_\_\_\_

## ATTACHMENT F HEALTH INSPECTION LETTER

You must notify your local health department of your intention to participate in the Summer Food Service. A copy of the letter/s you send must be received by Child and Adult Nutrition Services before your agreement will be approved. If you do not have a local health department a letter must be sent to the State Health Department. A prototype letter follows. Sponsors having off-site preparation must include all information on the prototype for those sites. Sponsors having only self-preparation sites may omit the "food preparation center" and "delivery time/s."

### HEALTH INSPECTION LETTER PROTOTYPE

(Send one copy to Child and Adult Nutrition Services)

(Date)

South Dakota Department of Health  
Hays Building  
600 East Capitol Avenue  
Pierre, SD 57501-2536

Dear \_\_\_\_\_:

(school/center) would like to inform you of our intention to sponsor the 2006 Summer Food Service Program (SFSP). This program is administered by Child and Adult Nutrition Services of the South Dakota Department of Education. SFSP regulations require that the state and local health departments be notified of our intention in this regard, as well as the information listed below.

Meals for the site(s) below are prepared \_\_\_\_\_ on site \_\_\_\_\_ at the following facility:

Meal service will be at the following site(s):

<u>Site Name/Address</u>	<u>Site Supervisor's Name</u>	<u>Dates(s) of Operation</u>	<u>Delivery Times(s) (for off site preparation)</u>	<u>Meal Service Times</u>
1		To		
2		To		
3		To		
4		To		

Please feel free to visit the above location(s) at any time during SFSP operation.

Sincerely,

**ATTACHMENT G**  
**Training Certification**  
**(Attach additional sheets if necessary)**

**This form must be postmarked within 5 days of completion of training.**

This is to certify that all sponsor and site personnel have been trained in regard to Summer Food Service Program duties and responsibilities as outlines in the Sponsor's Handbook, and personnel have access to relevant materials such as the Monitor's Handbook, Sponsor Meal Preparation Handbook, and Site Supervisor's Guide as necessary.

This form may be sent in after the Agreement/Application packet due to the fact that training will quite likely take place at the later date. The agreement will be considered incomplete and not in effect until the Training Certification is received by Child and Adult Nutrition Services. Reimbursement will not be made for meals served before training took place.

Site Name/s	Persons Attending	Training Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ All topics indicated on site training list (Part II, Pg. 5) were covered.

**A list of signatures of those who attended is to be maintained on file at the office of the sponsor.**

\_\_\_\_\_  
(Sponsor Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Authorized Representative)

## ATTACHMENT H

### APPLICATION/AGREEMENT AMENDMENT

(To be used whenever Application/Agreement information that has been submitted to Child and Adult Nutrition Services changes.)

\_\_\_\_\_ requests to amend our Summer Food Service Program Application/Agreement  
(sponsor name)

at \_\_\_\_\_  
(site name/s)

We wish to amend:

approved level of service to

\* operation dates to \_\_\_\_\_

\* service times for:

breakfast to \_\_\_\_\_

lunch to \_\_\_\_\_

supper to \_\_\_\_\_

snack to \_\_\_\_\_

site supervisor to \_\_\_\_\_

other (explain) \_\_\_\_\_

\_\_\_\_\_

\*It is the sponsor's responsibility to notify the Department of Health and the public of these changes.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative

#### CANS USE ONLY

\_\_\_\_ Approved \_\_\_\_ Denied Reason \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Return to:**

Child and Adult Nutrition Services  
800 Governors Drive  
Pierre, SD 57501-2294  
Fax (605) 773-6846

**ATTACHMENT I**  
**Child and Adult Nutrition Services (CANS)**  
**Off-site meal request form**

\_\_\_\_\_ NSLP      \_\_\_\_\_ CACFP      \_\_\_\_\_ SFSP

Only approved meals served at eligible and approved sites may be claimed for reimbursement. However, off-site activities may be accommodated if approved by Child and Adult Nutrition Services (CANS) in advance.

**Requests must be received by CANS at least one week prior to the activity.**

Local Agency Name: \_\_\_\_\_ Number of children participating: \_\_\_\_\_

Site: \_\_\_\_\_ Meal/s to be Eaten Off-site: ☐ breakfast ☐ lunch ☐ supper ☐ snack

Date of Activity: \_\_\_\_\_ Location of Activity: \_\_\_\_\_

Enrichment Activity (NSLP Only): \_\_\_\_\_

Describe what will be used to maintain food at safe temperatures: \_\_\_\_\_

Beginning and Ending Times of Meal Service: \_\_\_\_\_  
(Begin) (End)

**Serving sizes must be appropriate for each age group served.**

	Breakfast	Lunch	Supper	Snack (2 of 4)
<b>Meat/ Meat Alternates</b>				
Item served:				
<b>Bread/Bread Alternates</b>				
Item served:				
<b>Vegetables and Fruit</b>		(2)	(2)	
Item served:				
<b>Milk</b>				
Item served:				

I do hereby assure that

Yes No

1. Only eligible children will be claimed ..... ☐ Yes ☐ No
2. All menus will meet meal pattern requirements ..... ☐ Yes ☐ No
3. All meals will be properly monitored ..... ☐ Yes ☐ No
4. The person taking the meal counts at the point of service will ensure a complete reimbursable meal ..... ☐ Yes ☐ No

Authorized Representative/Food Service Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CANS USE ONLY**

Date Request Received: \_\_\_\_\_ Date Local Agency Notified: \_\_\_\_\_

Approving Official: \_\_\_\_\_ To: \_\_\_\_\_

☐ Approved ☐ Not approved, reason \_\_\_\_\_ Co./Dept: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Means of notification: Phone ☐ Fax ☐ Mail ☐ Fax Number: \_\_\_\_\_



## **ATTATCHMENT J**

### **TRIBAL-STATE ADDENDUM**

#### **Instructions**

Enclosed is a copy of the Tribal-State Addendum.

The Addendum must be signed by a Tribal Officer with authority over the Child Nutrition Program. (Including School Nutrition Programs, Child and Adult Care Food Programs, Summer Food Programs, and Food Distribution for the Child Nutrition Programs.)

Sign and return this to Child and Adult Nutrition Services. One signed copy will be sent back to maintain in your files.

The Child Nutrition Program Applications/Agreements cannot be approved without a signed Addendum. One addendum applies to all of the listed programs.

## ATTATCHMENT J(Cont.)

### SUMMER FOOD SERVICE PROGRAM AGREEMENT

#### TRIBAL-STATE ADDENDUM

The Tribe consents to suit for purposes of resolving disputes, which may arise pursuant to the terms of this Agreement. Any mandatory recovery which the State Agency may be entitled to recover as a consequence of a breach of the terms of this Agreement is expressly limited to the amount paid to the Tribe by the State Agency under this Agreement.

\_\_\_\_\_  
Local Organization (type/print)

\_\_\_\_\_  
Department of Education  
State Agency

\_\_\_\_\_  
Name of Authorized Agent (type/print)

\_\_\_\_\_  
Dr. Rick Melmer  
Authorized Agent

\_\_\_\_\_  
Title of Authorized Agent type/print)

\_\_\_\_\_  
Secretary  
Title of Authorized Agent

\_\_\_\_\_  
Signature of Authorized Agent      Date

\_\_\_\_\_  
Signature of Authorized Agent      Date

## ATTACHMENT K

### Calendar of Operations

Indicate the days the site will be in operation (**serving children**) by putting a letter for each meal served in that day's space: **B** for Breakfast, **A** for AM Supplement, **L** for Lunch, **P** for PM Supplement, and **S** for Supper. If a camp, mark the calendar to show beginning and ending dates of sessions by writing begin in the first day and end in the last day. If one session ends and another begins on the same day, include the ending meal (i.e., B-end) and beginning meal (i.e., S-begin).

#### 2006 Summer Food Service Program

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
APRIL 30	MAY 1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	JUNE 1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	JULY 1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	AUGUST 1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	SEPTEMBER 1	2
3	4	5	6	7	8	9